The state of the s	
CERTIFICATE AMENDED Child's given name + moter's maiden name anended  SEE NOTATION - ARIZONA STATE BOARD OF HEALTH PER PER OF REST. STATE BOARD OF HEALTH PER OF REST. STATE BOARD OF	
SEE NOTATION ARIZONA STATE BUARD OF THE BUTCH BU	
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH /-29-28 (6-6-73-22)	
County Gila State anyon	
District or Township Clayport or Village	
City No. Oak  (Yabirth occupred in a hospital or institution, give its NAME instead of street and number)	
I fe child is not yet named, make amplemental report, as directed.	
2. Full name of child	6. Legitimate? 7. Date Saper 3 1927
in event of plural	ge of birth Day
	MOTHER Catano
8. PATHER	Full maiden name Belen Centerio
Full name fre Campos	00 00
9. Residence (Usual place of abode) Clayport, anyone	15 Residence (Usual place of abode) Clay prof, aryona
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	16 Color or race
Muxican 11. Age at last hirthday 25 (Years)	Mexican 17. Age at last birthday 27 (Years)
	18. Birthplace (city or place) Hengelown
12. Birthplace (city or place)	(State or country) New Mexico
(Blate of Country)	
13. Occupation Jurnace man	19. Occupation Houseunfe
, Nature of Industry Capper Smellin	
20. Number of children of this mother (a) Born slive a	nd now living 21. Were precautions taken against oph-
(Taken as of time of birth of child herein certified and including this child.)  (b) Born alive b	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*	
I / reby certify that I attended the birth of this child, who was (Born alive or stillborn.) I I / The least above stated	
*When there was no attending physician or midwife, then the father, householder,	
etc., should make this return. A standard	(Physician or midwife).
shows other evidence of life after birth. ) (Civen name added from Address	mani grand
a supplemental report Month, day, year	By 11 27 6
Registrar	TW// 15 Registral
1/r Brown	

132-903-236

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